

**U.S. DEPARTMENT OF ENERGY OFFICE OF SCIENCE  
2020 Regional Science Bowl - Ames, Iowa and National Science Bowl®**

**Student Confidential Medical Information and Emergency Notification Form**  
(Please fill out the entire 4-page form)

To complete: Click on the space and type in the information requested. Once the form is complete: (1) click "File," then "Save As" and give it a name and save it on your computer; (2) print the completed form; (3) parent/guardian or student (if 18) must sign it in ink or via Adobe Sign; (4) return this form to the coach.

School \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: M F

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone (include area code): \_\_\_\_\_

**PLEASE LIST TWO EMERGENCY CONTACTS:**

	<u>Primary Contact (#1)</u>		<u>Contact #2</u>
<b>Name:</b>			<b>Name:</b>
<b>Phone:</b>			<b>Phone:</b>
<b>Cell Phone:</b>			<b>Cell Phone:</b>
<b>Relationship:</b>			<b>Relationship:</b>

**Allergies**

Yes No

If Yes, specify:

\_\_\_ \_\_\_ Medication \_\_\_\_\_

\_\_\_ \_\_\_ Food \_\_\_\_\_

\_\_\_ \_\_\_ Environmental \_\_\_\_\_

**Medical History (To include surgeries)**

Date of Last Tetanus Shot: \_\_\_\_\_

Name \_\_\_\_\_

(A) Current/Recent Medical History/surgery (within the past 12 months)

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(B) Previous Medical History/surgery (please include ALL medical history beyond 12 months)

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**Medication Information (Prescribed and Over-the-Counter Medications and Purpose)**

Please follow the format listed below.

**Current Prescribed Medications – PLEASE PRINT!**

<b>Medication/Dosage</b>	<b>Purpose/Used For</b>
(Example: Albuterol/10mg per day)	(Example: Asthma)

**Current Over the Counter Medications – PLEASE PRINT!**

<b>Medication</b>	<b>Purpose/Used For</b>
(Example: Advil/as needed)	(Example: Headaches)

**Physical Limitations/Needs (Please include any assistive devices that need to be provided):**

**Mobility Limitations** \_\_\_\_\_

**Visual Limitations** \_\_\_\_\_

**Communications Limitations** \_\_\_\_\_

**Dietary Restrictions (vegetarian, kosher, etc.):** \_\_\_\_\_

**If you have severe dietary restrictions, please list samples of meals that you CAN eat:**

\_\_\_\_\_  
\_\_\_\_\_

**Religious or Cultural concerns that may affect care: (e.g. No Blood Transfusions)** \_\_\_\_\_

\_\_\_\_\_

### PHYSICIAN & HEALTH INSURANCE

**Physician's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Do you have Health Insurance? YES** \_\_\_\_ **NO** \_\_\_\_

**If Yes, complete the following:**

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**CONSENT TO MEDICAL CARE AND TREATMENT**

**Authorization to Arrange for Medical Care:**

**I hereby give permission to the U.S. Department of Energy, ORAU, Ames Laboratory and Iowa State University to send my child for emergency room treatment and to call his/her primary physician if necessary.**

\_\_\_\_\_  
(Print Name of Parent or Legal Guardian)

\_\_\_\_\_  
(Print Name of Student)

\_\_\_\_\_  
Signature of Parent/Legal Guardian (or Student if 18 years of age)      **Date** \_\_\_\_\_

*(Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.)*

**I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician, nurse or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).**

\_\_\_\_\_  
(Print Name of Parent or Legal Guardian)

\_\_\_\_\_  
(Print Name of Student)

\_\_\_\_\_  
Signature of Parent/Legal Guardian (or Student if 18 years of age)      **Date** \_\_\_\_\_

**For National Science Bowl® Regional Competition Use - Please upload the completed form to the team's registration page using your coach dashboard: <https://apps.orau.gov/nsb-coach/Account>**

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**Name** \_\_\_\_\_